

SUBMIT. COMPLETED APPLICATION. TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp FEB 16 2015
Bayfield Co. Zoning Dept.

\$75

Permit #:	150177
Date:	6-9-15
Amount Paid:	\$75 6-9-15
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input checked="" type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name: <u>Sessie Lindy Jenny Van Beck</u>		Mailing Address: <u>Same</u>				City/State/Zip: <u>Same</u>		
Address of Property: <u>69485 E. Long Lake Rd</u>		City/State/Zip: <u>Iron River WI 54847</u>				Cell Phone: <u>218</u>		
Contractor: <u>Cory Helsclaw</u>		Contractor Phone: <u>218 428-5123</u>				Plumber: <u>391-6358</u>		
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Andy Lind</u>		Agent Phone: <u>218 428-5123</u>				Agent Mailing Address (include City/State/Zip): <u>Plumber Phone:</u>		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) <u>04-024-2-47-08-02-100-212-4000</u>		Recorded Document: (i.e. Property Ownership) <u>1128</u> Page(s) <u>599</u>		
<u>1/4, 1/4</u>		Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
<u>2</u>		<u>2</u>	<u>913</u>	<u>6,108</u>	<u>110+V.769, P273</u>	<u>2nd Add'l to Long Lake</u>		
Section <u>2</u> , Township <u>47</u> N, Range <u>8</u> W		Town of: <u>Iron River</u>			Lot Size			Acreage <u>.37</u>

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain?	<input type="checkbox"/> Distance Structure is from Shoreline: <u>120</u> feet	<input type="checkbox"/> Is Property in Floodplain Zone?	<input type="checkbox"/> Are Wetlands Present?
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	<input type="checkbox"/> Distance Structure is from Shoreline: <u>120</u> feet	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material <u>\$ 25,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u>_____</u>	<input checked="" type="checkbox"/> Well
	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>Cow</u>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>24</u>	Width: <u>24</u>	Height: <u>25</u>
Proposed Construction:	Length: <u>24</u>	Width: <u>24</u>	Height: <u>25</u>

Proposed Use	<input checked="" type="checkbox"/>	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(<u> </u> X <u> </u>)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(<u> </u> X <u> </u>)	
	<input type="checkbox"/>	with Loft	(<u> </u> X <u> </u>)	
	<input type="checkbox"/>	with a Porch	(<u> </u> X <u> </u>)	
	<input type="checkbox"/>	with (2 nd) Deck	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with (2 nd) Deck	(<u> </u> X <u> </u>)	
	<input type="checkbox"/>	with Attached Garage	(<u> </u> X <u> </u>)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u> X <u> </u>)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(<u> </u> X <u> </u>)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>garage</u>	(<u>24</u> X <u>24</u>)	<u>576</u>
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	
	<input type="checkbox"/>	Rec'd for Issuance	(<u> </u> X <u> </u>)	
	<input type="checkbox"/>	SPECIAL USE: (explain) _____	(<u> </u> X <u> </u>)	
	<input type="checkbox"/>	CONDITIONAL USE: (explain) _____	(<u> </u> X <u> </u>)	
<input type="checkbox"/>	Other: (explain) _____	(<u> </u> X <u> </u>)		
Secretarial Staff				

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or which this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Andy Lind Nancy Lind Date 2-16-15
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 69485 E Long Lake Rd. Iron River, WI 54847 Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed ✓

See box below. Draw or Sketch Your Property (regardless of what you are applying for)

- | | |
|---------------------------|--|
| (1) Show Location of: | Proposed Construction |
| (2) Show / Indicate: | North (N) on Plot Plan |
| (3) Show Location of (*): | (*) Driveway and (*) Frontage Road (Name Frontage Road) |
| (4) Show: | All Existing Structures on your Property |
| (5) Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (6) Show any (*): | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (7) Show any (*): | (*) Wetlands; or (*) Slopes over 20% |

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	34 Feet	Setback from the Lake (ordinary high-water mark)	~ 130 Feet
Setback from the Established Right-of-Way	3 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	20 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	20.5 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	30 Feet
Setback to Drain Field	35+ Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 298164	# of bedrooms: 1	Sanitary Date: 5-22-98			
Permit Denied (Date):		Reason for Denial:					
Permit #: 15-0177		Permit Date: 6-9-15					
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner			
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: owners present to represent property line & building. previously inspected by Luntal. Don't leave data.							
Date of Inspection: 6-9-15		Inspected by: J. C. Brown, B. A. Murphy		Zoning District (A-1)			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)							
Signature of Inspector: [Signature] Date of Approval: 6-9-15							
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>							

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date stamp (received)
JUN 01 2015
Bayfield Co. Zoning Dept.

Permit #: 15-078
Date: 6-9-15
Amount Paid: \$90
Refund: 6-9-15

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: <u>Arthur Schuk</u>		Mailing Address: <u>7940 Staples Ave</u>		City/State/Zip: <u>Iron River WI 54849</u>		Telephone: <u>715-3725785</u>		
Address of Property: <u>7940 Staples Ave</u>		City/State/Zip: <u>Iron River, WI 54849</u>		Contractor Phone: <u>715-765-4481</u>		Plumber: <u>715-3725785</u>		
Contractor: <u>Don Dymosick</u>		Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: <u>715-765-4481</u>		Plumber Phone: <u>715</u>		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Mailing Address (include City/State/Zip):		Agent Phone: <u>715-765-4481</u>		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION: <u>SE 1/4, NE 1/4</u>		Legal Description: (Use Tax Statement)		PIN: (23 digits) <u>04-024-2-47-08-07-1 04-000-60000</u>		Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____		
<u>SE 1/4, NE 1/4</u>		Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section <u>7</u> , Township <u>47</u> N, Range <u>8</u> W		Town of: <u>Iron River</u>		Lot Size <u>220x170</u>		Acreage <u>.86</u>		

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u>	Distance Structure Is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <u>→</u>	Distance Structure Is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material <u>\$ 30,000.00</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water											
							<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> City					
							<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well				
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None
							<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None						

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>60'</u>	Width: <u>14'</u>	Height: <u>10'4"</u>
Proposed Construction:	Length: <u>32'</u>	Width: <u>16'</u>	Height: <u>11'2"</u>

Proposed Use	✓	Proposed Structure		Dimensions	Square Footage
		<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		
<input checked="" type="checkbox"/> Residential Use		<input type="checkbox"/> with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	(<input type="checkbox"/> X <input type="checkbox"/>)	(<input type="checkbox"/> X <input type="checkbox"/>)
		<input type="checkbox"/> with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)		
		<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)		
		<input type="checkbox"/> with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)		
		<input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)		
<input type="checkbox"/> Commercial Use		<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	(<input type="checkbox"/> X <input type="checkbox"/>)	(<input type="checkbox"/> X <input type="checkbox"/>)
		<input type="checkbox"/> Mobile Home (manufactured date)	(<input type="checkbox"/> X <input type="checkbox"/>)		
		<input type="checkbox"/> Addition/Alteration (specify) <u>Additions (rooms)</u>	(<input type="checkbox"/> X <input type="checkbox"/>)		
<input type="checkbox"/> Municipal Use		<input checked="" type="checkbox"/> Accessory Building (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	(<input type="checkbox"/> X <input type="checkbox"/>)	(<input type="checkbox"/> X <input type="checkbox"/>)
		<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)		
		<input type="checkbox"/> Rec'd for Issuance	(<input type="checkbox"/> X <input type="checkbox"/>)		
JUN 09 2015		<input type="checkbox"/> Special Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	(<input type="checkbox"/> X <input type="checkbox"/>)	(<input type="checkbox"/> X <input type="checkbox"/>)
		<input type="checkbox"/> Conditional Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)		
		<input type="checkbox"/> Other: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)		
Secretarial Staff	<input type="checkbox"/>				

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspecting the same.

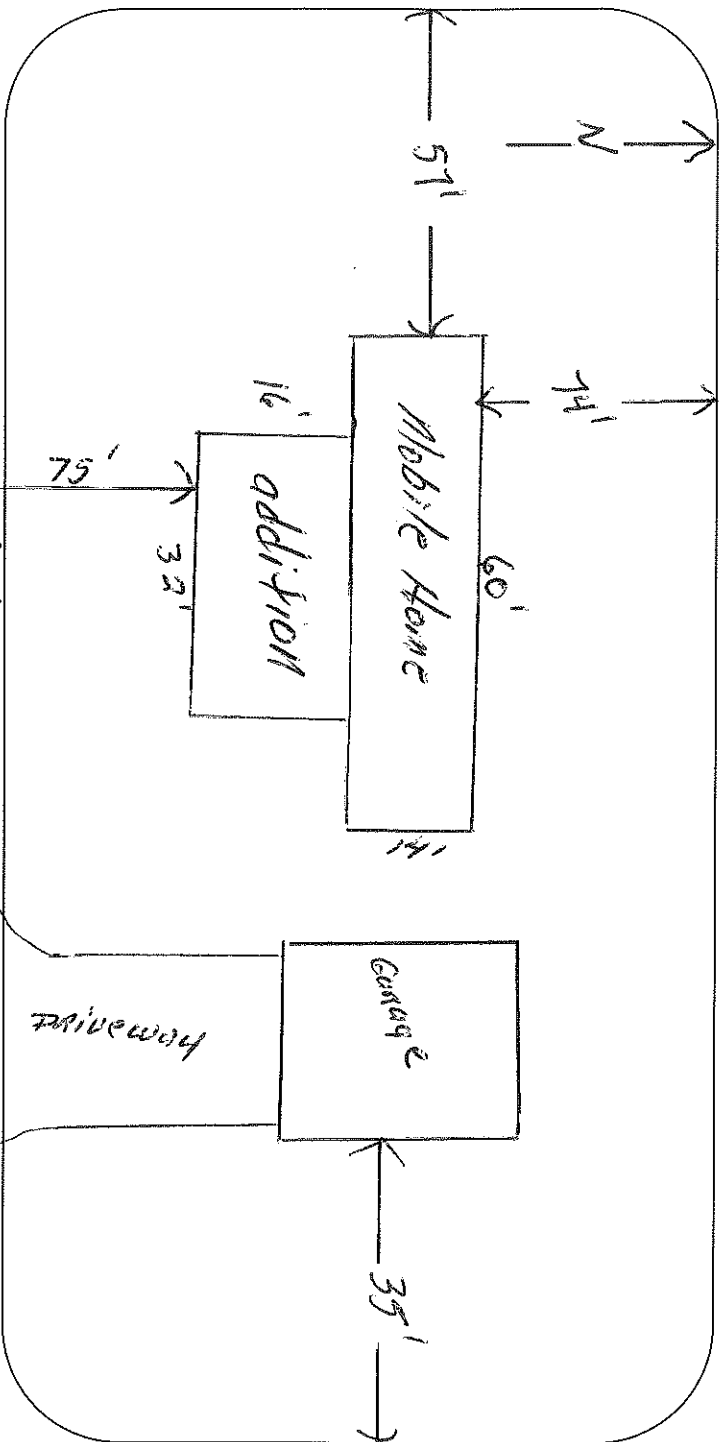
Owner(s): Arthur Schuk Don Dymosick
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: City Sewer (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): Wetland (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing) Shaples Ave

(8) Setbacks: (measured to the closest point) Center line

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	75 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	42 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	74 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	57 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	35 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	City Sewer Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>municipal</u> of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: <u>15-0178</u>	Permit Date: <u>6-9-15</u>		
Is Parcel a Sub-Standard Lot: Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lots) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:		Zoning District Lakes Classification	(R-1) <u>NA</u>
Date of Inspection: <u>6-9-15</u>	Inspected by: <u>Deborah A. Murphy</u>	Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)			
<u>no conditions</u>			
Signature of Inspector:		Date of Approval:	<u>6-9-15</u>
Hold For Sanitary: <input type="checkbox"/>	Hold For TABA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	15-0179
Date:	6-9-15
Amount Paid:	\$975
Refund:	6-9-15

Date Stamp (Required) 6-3-15
Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

REC'D 6-3-15
675#4280

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: ROSSI JOHNSON	Mailing Address: 6760 City Hwy H	City/State/Zip: IRON RIVER, WI 54847	Telephone: 218-590-5910						
Address of Property: 67660 City Hwy H		City/State/Zip: IRON RIVER, WI 54847	Cell Phone: 218-590-5910						
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:						
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):						
PROJECT LOCATION		Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-04-024-2-47-08-17-205-006-30006						
1/4, 1/4		Gov't Lot 6	Lot(s) 3	CSM 710	Vol & Page 5 68	Lot(s) No.	Block(s) No.	Subdivision:	Recorded Document: (i.e. Property Ownership) Volume Pages(s)
Section 17, Township 47 N, Range 08 W		Town of: IRON RIVER		Lot Size		Acreage 1.8			
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (and intermittent) Creek or landward side of Floodplain? If yes--continue →		Distance Structure is from Shoreline: 180 feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →		Distance Structure is from Shoreline: 180 feet					

Value at Time of Completion * include donated time & material \$ 25,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water							
							<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
							<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: SEPTIC	<input type="checkbox"/> _____
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/> _____							

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Width: 40 Height: 18-20 Peak
Proposed Construction: Length: 40 Width: 40 Height: 18-20 Peak

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)		
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)		
	<input type="checkbox"/> with Loft	(X)		
	<input type="checkbox"/> with a Porch	(X)		
	<input type="checkbox"/> with (2") Porch	(X)		
	<input type="checkbox"/> with a Deck	(X)		
	<input type="checkbox"/> with (2") Deck	(X)		
	<input type="checkbox"/> with Attached Garage	(X)		
	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	(X)		
	<input type="checkbox"/> Mobile Home (manufactured date)	(X)		
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration (specify)	(40 X 40)	1600	
	<input checked="" type="checkbox"/> Accessory Building (specify) GARAGE	(X)		
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(X)		
	<input type="checkbox"/> Rec'd for issuance			
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain)	(X)		
	<input type="checkbox"/> Conditional Use: (explain)	(X)		
	<input type="checkbox"/> Other: (explain)	(X)		
Secretarial Staff				

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 6-3-15

Authorized Agent: _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____

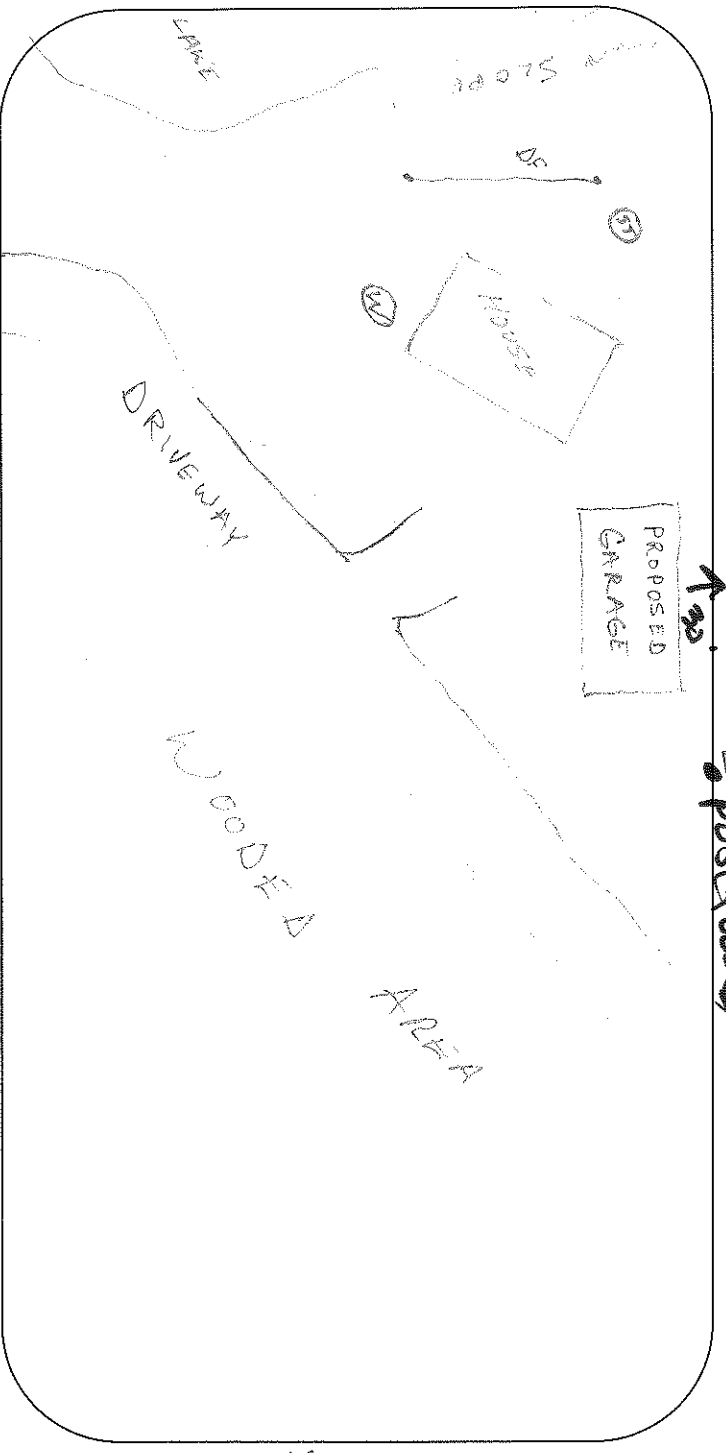
Attach

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	30.0 Feet	Setback from the Lake (ordinary high-water mark)	100 Feet
Setback from the Established Right-of-Way	25.0 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	16.0 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	35.0 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	25.0 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	65 Feet	Setback to Well	80 Feet
Setback to Drain Field	75 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 150199	Permit Date: 6-9-15				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Used/Contiguous Lot(s)) <input type="checkbox"/> No	Inspected by: 6-9-15		
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Case #: N/A	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: spoke w/owner on site about 30' setback requirement on class 3 lake. Building was moved.		Zoning District: R-1		Date of Re-Inspection: 6-9-15	
Dated Inspection: 6-3-15		Inspected by: 6-9-15			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if need to be attached)					
Building shall be located 30' from East Property line, including one Building shall not be used for sleeping purposes on certain connection to pressurized water.					
Signature of Inspector: [Signature]					
Hold For Sanitary: <input type="checkbox"/>		Hold For TB: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
Hold For Fees: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		Date of Approval: 6-9-15	

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



Zoning District	
Lakes Class	

I. APPLICATION INFORMATION (Please Print All Information)		Soil Test No: <u>65-15</u>	County Permit No: <u>15-0186</u>
---	--	----------------------------	----------------------------------

Property Owner's Name: <u>Paul Kanehl</u> Bayfield Co. Zoning Dept.		County: <u>Bayfield</u>	
Address of Property: <u>66530 Hart Lake Rd, WI 54847</u>		Property Location: <u>1/4 1/4 S 22 T 47 N R 8 E (or) W</u>	
Property Owner's Mailing Address: <u>1007 Washington Ave, Sauk City WI 53583</u>		Township: <u>IRON RIVER</u>	Gov. Lot #: _____
City, State: <u>Sauk City WI</u>	Zip Code: <u>53583</u>	Phone Number: <u>608-669-3363</u>	Lot #: <u>1</u>
		Block #: _____	Subdivision Name or CSM #: <u>Ellenwood</u>

II. TYPE OF BUILDING: (Check One)		Parcel ID: <u>00-323-</u>
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>(tent) 4</u>		Tax Number(s): <u>04-024-2-47-08-22-2 01000</u>

III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)	
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____ B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____	

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above	
C) <input checked="" type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet	

V. ABSORPTION SYSTEM INFORMATION:						
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.) <u>15</u>	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)

VI. TANK INFORMATION:	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	<u>NA</u>										
Lift Pump Tank / Siphon Chamber											

VII. RESPONSIBILITY STATEMENT:		
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.		
Plumber's / Owner's Name: (Print) <u>Allan Polkoski</u>	Plumber's / Owner's Signature: (No Stamps) <u>Allan Polkoski</u>	MP/MPRSW No: <u>220090</u>
Plumber's Address: (Street, City State, Zip Code) <u>P.O. Box 522 Iron River, WI 54847</u>	Home Phone: <u>715 372-4156</u>	Business Phone: <u>715 372-4156</u>

VIII. COUNTY / DEPARTMENT USE ONLY			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit/Transfer Fee: <u>\$150</u>	Date Issued: <u>6-11-15</u> Issuing Agent's Signature / Date: <u>[Signature] 6/11/15</u>

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:	
<p style="font-size: 1.2em;">FUTURE BUILDING SHALL NOT HAVE INDOOR PLUMBING FIXTURES OR CONNECTION TO PRESSURIZED WATER UNLESS PRIVATE ONSITE WASTEWATER TREATMENT SYSTEM IS APPROVED AND INSTALLED.</p> <p style="text-align: right; font-size: 0.8em;">Plot Plan on reverse side</p>	

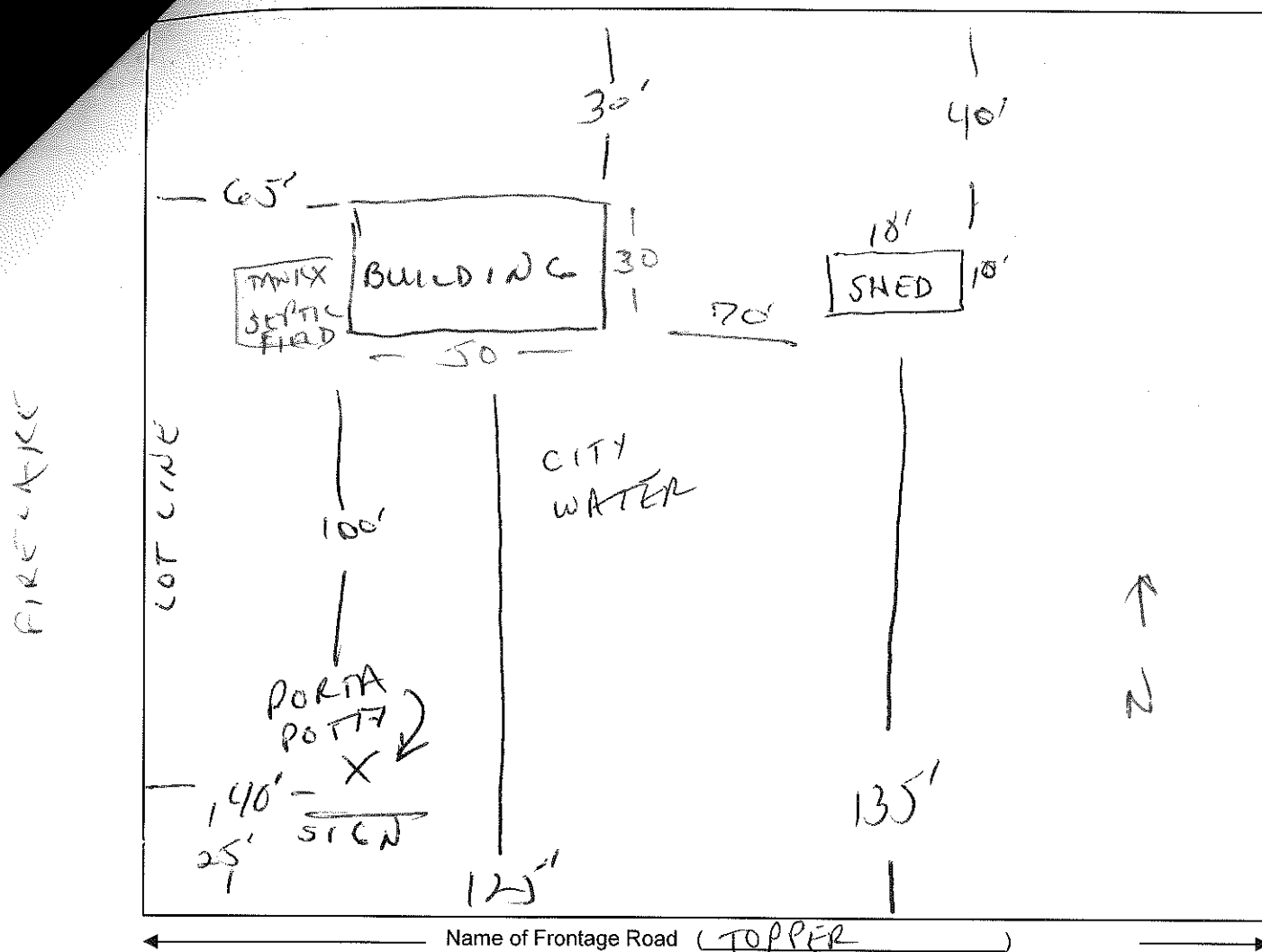
BAYFIELD COUNTY SANITARY PERMIT APPLICATION

ENTERED

Zoning District _____
Lakes Class _____

I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No: _____		County Permit No: 15-0187					
Property Owner's Name: LUCKY STRIKE LLC				County: Bayfield							
Address of Property: 8540 TOPPER RD IRON WI RIVER				Property Location: 1/4 1/4 S 08 T 47 N R 08 E (or) W							
Property Owner's Mailing Address: 13621 W. UP NORTH LN				Township: TOWN OF IRON RIVER		Gov. Lot #: _____					
City, State HAYWARD WI	Zip Code 54843	Phone Number 715-580-0079	Lot # 1	Block #: 1	Subdivision Name or CSM #: V. 928 P. 453						
II. TYPE OF BUILDING: (Check One)				RECEIVED APR 20 2015 Bayfield Co. Zoning Dept.							
<input type="checkbox"/> State Owned COMMERCIAL BUILDING <input checked="" type="checkbox"/> Public (Explain the use/purpose PORTABLE) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms BEDROOM											
Parcel ID Tax Number(s): 20292											
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)											
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____											
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____											
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above											
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input checked="" type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet											
V. ABSORPTION SYSTEM INFORMATION:											
1. Gallons Per Day	2. Absorp. Area Required (Sq. Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq. Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev. (Feet)	7. Final Grade Elev. (Feet)					
VI. TANK INFORMATION:											
	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank											
Lift Pump Tank / Siphon Chamber											
VII. RESPONSIBILITY STATEMENT:											
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.											
Owner's Name(s): (Print) Alan Kolwitz						Owner's Signature(s): (No Stamps) <i>Alan Kolwitz</i>					
Plumber's Name: (Print) X RONALD POPPE						Plumber's Signature: (No Stamps) <i>Ronald Poppe</i>					
Plumber's Address: (Street, City State, Zip Code) X 13610 W Peterson RD						Home Phone: 715-634-1450		MP/MPSW No: 2297			
						Business Phone: SAME					
VIII. COUNTY / DEPARTMENT USE ONLY											
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit/Transfer Fee: \$150		Date Issued: 6-12-15		Issuing Agent's Signature / Date: <i>[Signature]</i> 5-11-15			
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:											
TANK SHALL BE MAINTAINED PER RECORDED AGREEMENT.											

not in the sanitary - not a nuisance per I.R. Sanitary District. Plot Plan on reverse side



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

2. Show the approximate location and size of the building.

3. Show the location of the well, septic tank and drain field.

4. Show the location of any lake, river, stream or pond if applicable.

5. Show the approximate location of other existing structures.

6. Show the approximate location of any wetlands or slopes over 20 percent.

7. Show dimensions in feet on the following:

- Building to all lot lines
- Building to centerline of road
- Building to lake, river, stream or pond
- Septic / holding tank to closest lot line
- Septic/holding tank to building
- Septic / holding tank to well
- Septic / holding tank to lake, river, stream or pond
- Privy to closest lot line

- Privy to building
- Privy to lake, river, stream or pond
- Drain field to closest lot line
- Drain field to building
- Drain field to well
- Drain field to lake, river, stream or pond
- Well to building

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY**

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891